MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038130 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9250

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	20360	6	8
3	1		
4	0		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	500		
13			

50

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Alexian Bros. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Franklin
c. CITY OR TOWN: St. Clair
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. R. 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Willie Middle: Thomas Last: Ward

4. DATE OF DEATH: Month: Sept Day: 13, Year: 1963

5. SEX: Male

6. COLOR OR RACE: Cau.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/23/92

9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Tennesssee

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Thomas Ward

13b. MOTHER'S MAIDEN NAME: Willie Flowers

14. NAME OF HUSBAND OR WIFE: Neva Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorothy Maledy
Address: Rt. # 2 St. Clair, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Vascular Renal Disease
DUE TO (c): Tumor of Prostate Gland
INTERVAL BETWEEN ONSET AND DEATH: (a) 7. (b) 3 (c) Aug 1-1963

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1-1963 to Sept 13-1963 (address) saw her him alive on Sept 13-1963
Death occurred at 7 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. G. Moore (Degree or title) MD

22b. ADDRESS: 417-5018

22c. DATE SIGNED: Sept 14 (State) 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-16-63

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

23d. LOCATION (City, town, or county): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: McLaughlin 2301 Lafayette Ave. St. Louis 4, Mo.

25. DATE RECD. BY LOCAL REG.: SEP 16 1963

26. REGISTRAR'S SIGNATURE: Hoad Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. L. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.